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## \*BIBDATASHEET\*

CONFIRMATION NO. 6993

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/954,544	<b>FILING OR 371(c) DATE</b> 09/12/2001 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 212/220	
<b>APPLICANTS</b> Henry R. Halperin, Baltimore, MD;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/188,065 11/09/1998 ABN * (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23371					
<b>TITLE</b> AUTOMATED CHEST COMPRESSION APPARATUS					
<b>FILING FEE RECEIVED</b> 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		